

Warren County CSEA
PO Box 440
500 Justice Drive
Lebanon, OH 45036

(513) 695-1580
(800) 644-2732

Name of Applicant: _____
Address: _____
City, State, & Zip: _____
Date: _____
Application Number: _____

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.

The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Adjustment of Child Support and Medical Support.

The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and past-due child support.

4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.

The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.

5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.

The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.

6. Establishment of Paternity.

The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.

7. Collection and Disbursement of Payments.

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

8. Interstate Collection of Child Support.

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

<county name> COUNTY CSEA
<address>
<city, state and zip>

<applicant's name>
<address>
<city, state and zip>

<(area code) + 7 digits>
1-800 + 7 digits

Date: <print date>
Application Number:

APPLICANT INFORMATION

Name: _____ Date of Birth: _____
Home Address: _____ Mailing Address: _____

Home Phone #: _____
Social Security #: _____ Sex: _____
Race: _____ Single Married
Relationship to Children: _____ Divorced Separated
Military Service (Branch, Dates): _____ Ever been on Public Assistance? _____

(When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone#: _____
Employer Address: _____ Is Medical Insurance Available? _____

<county name> COUNTY CSEA
 <address>
 <city, state, zip>

<name>
 <address>
 <city, state, zip>

(area code) + 7 digits
 1-800 + 7 digits

Date: <print date>
 Application Number:

INFORMATION ON CHILDREN

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			
Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

<county name> COUNTY CSEA
<address>
<city, state, zip>

<name>
<address>
<city, state, zip>

<(area code) + 7 digits>
<1-800 + 7 digits>

Date: <print date>
Application Number: <app no>

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth: (Country, State, City)			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks: (Tattoos, scars, etc.)			
Names of Children:			

<county name> COUNTY CSEA
<address>
<city, state, zip>

<name>
<address>
<city, state, zip>

<(area code) + 7 digits>
<1-800 + 7 digits>

Date: <print date>
Application Number: <app no.>

ABSENT PARENT INFORMATION (Continued)

	PARENT 1	PARENT 2	PARENT 3
Name and Address of Employer:			
Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:			
Order Frequency:			
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			

<county name> COUNTY CSEA
<address>
<city, state, zip>

<name>
<address>
<city, state, zip>

<(area code) + 7 digits
<1-800 +7 digits>

ABSENT PARENT INFORMATION (Continued)

	PARENT 1	PARENT 2	PARENT 3
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain) _____

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____ Date: _____

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that you must reapply and be found eligible. If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference will not delay your state hearing.

When will the Hearing be Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

Postponement of the hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If you do not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want a continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you don't know how to reach your local aid office, call 1-800-589-5888, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

At the Hearings

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contracting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

Group Hearings

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food stamps, you should get the increase about 10 days of the date decision. If the decision offers a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps.

In all other programs, the agency must take the action ordered by the decision within 10 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.

Warren County Child Support Enforcement Agency

Parentage and/or Support Establishment Information Sheet

Case No. _____

YOU MUST COMPLETE AND RETURN THIS PACKET

These questions are personal but you are still required to answer them. If you are not the mom or alleged dad answer them to the best of your ability.

YOUR NAME:	Relationship to the child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Legal guardian		
Your address:	Your email address:		
Your date of birth:	Your SS#:	Your phone #:	
If you are under the age of 18 , provide name and address of your guardian and your relationship to the guardian.			
Name of your guardian:	Relationship to your Guardian:		
Address of guardian:	Guardian's email address:		

Children Information

PLEASE ATTACH A COPY OF THE BIRTH CERTIFICATE FOR EACH CHILD.

Name	Sex (M/F)	Date of Birth	Social Security #:	Did anyone sign as father on birth certificate? ** If yes, who signed?	
1.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
**If you answered YES as to who signed the birth certificate, please list their names below:					
1.	2.	3.	4.		

Hospital of Birth for Child				
1.	2.	3.	4.	
Doctor of Delivery of Child				
1.	2.	3.	4.	

Who is the child(ren) living with?				
Have you ever been to court before regarding the child(ren) in this case? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, what Court? <input type="checkbox"/> Juvenile <input type="checkbox"/> Domestic Relations <input type="checkbox"/> CSEA <input type="checkbox"/> Probate Court				
What city: _____ State: _____ County: _____ Case #: _____				
Who has legal custody of the Child(ren)?				
Have you ever been involved with Children Services Board regarding your child(ren)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please explain:				
<i>If you are not the mother, YOU MUST PROVIDE COPIES OF PROOF OF LEGAL CUSTODY or guardianship!!!</i>				

Information about the Non-Custodial or Non-Residential Parent. For convenience, the questions below refer to the other parent as an NCP which means Non-Custodial or Non-Residential Parent.

Non-Custodial Parent Name:	
Current address:	Email address:

If current address unknown, list the last known address:		
Home phone number:	Cell phone number:	
Social Security Number:	Date of Birth:	
Name of Employer:	Annual income: \$	
Employer Address:	Employer Phone:	
Physical description:		
Height:	Weight:	Race:
Hair color:	Eye color:	Scars/tattoos:

Alias/Nickname(s) for NCP: _____

If date of birth is unknown, give age, month born or zodiac sign: _____ Under 18 years old? _____

If under 18, Guardian _____ Address: _____

If present employer is unknown, provide NCP's past employer (even if employed for one day)

Is there a protection order/restraining order against any of the parties? _____

Has NCP served in the Military? YES NO If yes, what branch and date? _____

Please check any of the following the NCP has ever received and name the State: _____

Welfare/GR Unemployment Worker's Compensation Social Security Veteran's Benefit

Specify any benefits currently receiving: _____

Does NCP own any property? YES NO If yes, list address, city and state? _____

Is or was NCP in jail? YES NO If yes, give place and date: _____

Does the NCP visit the children? YES NO If yes, how often? _____

Does NCP receive mail at your present address? YES NO

Has NCP ever lived with you? YES NO If yes, where and when? _____

When and where was the last contact you had with NCP? _____

Provide NCP's Mom and Dad's full names and any other relative (include addresses and indicate relationship to NCP, even if deceased) _____

Has the NCP been married to or lived with someone else? YES NO If yes, who: _____

Complete the following if the NCP has a child *with someone else other than you* (include the city and state where they live)

Child's Name	City and State	Date of Birth	Other parent name
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Provide any other information or comments which may be helpful in locating NCP: _____

Provide the name of the schools and graduation year or last year attended by NCP: _____

Provide the NCP place of birth (City and State): _____

List all States where NCP has lived, along with all known addresses: _____

List all States where NCP may have or had a driver's license: _____

Has the NCP ever provided money, food, clothing, gifts, etc., for the children? YES NO If yes, what/when: _____

Relationship of the child(ren)'s Parents

Do Mother and Father currently live together? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are Mother and Father are currently married to each other? <input type="checkbox"/> YES <input type="checkbox"/> NO
Were Mother and Father ever married to each other? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of marriage:
Do Mother and Father currently have a divorce pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, county and state:
Do Mother and/or Father currently have child support ordered? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, county and state:

Other Information:

Please Note: Did the mother of these children have sex with anyone else 2 months before or 2 months after becoming pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?
Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE TO MOM: If genetic tests exclude ALL alleged dads you named, sanctions can occur for not providing sufficient information.

Is the mom (for the children on this case) now or has she ever been married to someone else? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, to whom? _____ Date of Marriage: _____
Place of marriage: _____ County and State: _____
Is the mom now divorced? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
If yes, from whom? _____ Date of Divorce: _____
Place of Divorce: _____ Please provide a copy of the order
Is there a divorce action pending for the mom? <input type="checkbox"/> YES <input type="checkbox"/> NO
In what county and state will the divorce take place? _____
What is the anticipated date of the final hearing? _____
If the case number is known, please provide: _____

VOLUNTARY STATEMENT & ADDITIONAL INFORMATION

Please use this space for any additional information you may have regarding the Non-Custodial parent:

******ATTACH A PHOTO OF NON-CUSTODIAL PARENT TO THIS QUESTIONNAIRE******

Once completed, please return form to: Warren County CSEA 500 Justice Drive, Lebanon, OH 45036

I have fully answered the questions on this form. The answers are true to the best of my knowledge. I understand that it may constitute a crime if I provide false or misleading information. I understand that if the Child Support Enforcement Agency (CSEA) accepts my case, a paternity action will be filed against the person I stated to be the other parent at no cost to myself. If I decide to hire a private attorney, legal fees will be my responsibility. I understand that the CSEA and its Staff Attorney and Hearing Officers represent the State of Ohio and not myself. I understand that I must fully cooperate with the CSEA. I understand that if I change my address, I must report it in writing to the CSEA. I further understand that I must appear at all hearings and appointments scheduled. If I am on ADC/TANF/OWF or Medicaid/CareSource, I understand that failing to cooperate with the CSEA may also affect my ADC/TANF/OWF and/or Medicaid/Caresource.

I HAVE FULLY READ THE ABOVE OR IT HAS BEEN READ TO ME. I UNDERSTAND THE ABOVE AND THOSE PARTS I DID NOT UNDERSTAND HAVE BEEN FULLY EXPLAINED.

Your Signature

Date

REMINDER

YOU MUST COMPLETE AND RETURN THIS PACKET OR APPEAR AT YOUR SCHEDULED APPOINTMENT. FAILURE TO COMPLY COULD RESULT IN SANCTIONS.